### California Disabled Veteran Business Enterprise Program Requirements

(REV. 9-15-03)

**AUTHORITY.** The Disabled Veteran Business Enterprise (DVBE) Participation Goal Program for state contracts is established in Public Contract Code (PCC), Section 10115 et seq., Military and Veterans Code, Section 999 et seq. and California Code of Regulations, Title 2 (2CCR), Section 1896.60 et seq.

The minimum DVBE participation percentage is 3% for this solicitation unless another percentage is specified in the solicitation.

**INTRODUCTION.** The bidder must document at least one of the options (A, B or C) in this document to comply with this solicitation's DVBE program requirements. Bids or proposals (hereafter called "bids") that fail to fully document one of the DVBE program requirements options shall be considered non-responsive and ineligible for award.

All information submitted by the intended awardee to comply with this solicitation's DVBE requirements will be verified by the State. If evidence of an alleged violation is found during the verification process, the State shall initiate an investigation with this information in accordance with the requirements of the Public Contract Code, Section 10115, et seq. and the Military and Veterans Code, Section 999 et seq. and follow the investigatory procedures required by the California Code of Regulations, Section 1896.80.

Only State of California, Office of Small Business and DVBE Certification certified DVBEs who perform a commercially useful function relevant to this solicitation may be used to satisfy the DVBE program requirements. The criteria for performing a commercially useful function are contained on page 5, Resources & Information and California Code of Regulations, Title 2, Section 1896.61(I). Verify each DVBE subcontractor's/supplier's certification with the Office of Small Business and DVBE Certification Section to ensure DVBE eligibility.

## To meet the DVBE program requirements, bidders must complete and fully document at least one of the following compliance options:

**Option A - Commitment to full DVBE participation** - For a bidder who is a DVBE or who is able to meet the commitment to use identified DVBE(s) to fulfill the full DVBE participation goal.

**Option B - Good Faith Effort** - For a bidder documenting its completed effort, made prior to the bid due date, to obtain DVBE participation that may result in partial or no DVBE participation.

**Option C - Business Utilization Plan** - For a bidder using an annual plan (subject to approval) to satisfy DVBE participation requirements. Applies only to solicitations for goods and information technology.

**PLEASE READ ALL INSTRUCTIONS CAREFULLY.** These instructions contain information about the DVBE program requirements, bidder responsibilities, and requirements for performing and documenting each of the three available options as detailed below. Bidders are responsible for thorough review and compliance with these instructions. Document your option selection on the attached STD Form 840, Documentation of Disabled Veteran Business Enterprise Program Requirements.

<u>OPTION A – COMMITMENT</u> -- Commit to meet or exceed the DVBE participation requirement in this solicitation by either Method A1 or A2. Bidders must document DVBE participation commitment by completing and submitting the attached STD 840. <u>Failure to complete and submit STD 840 (Side 1) as instructed shall render your bid non-responsive.</u>

The bidder must provide, prior to contract award, a written agreement signed by the bidder and each proposed DVBE subcontractor. The written agreement will include the DVBE scope of work, work to be performed by the DVBE, term of intended subcontract with the DVBE, anticipated dates the DVBE will perform required work, rate and conditions of payment, total amount of contract to be paid to the DVBE, and the percentage of the entire contract that will be awarded to the DVBE, with each DVBE subcontractor. If this information is contained in the bidder's DVBE written agreement of intent, the agreement may be attached to the STD 840. If further verification is necessary, the state will obtain additional information to verify the above requirements.

#### Method A1. Certified DVBE bidder:

- a. Commit to performing at least 3% of the contract bid amount (unless otherwise specified) with your firm or in combination with other DVBE(s).
- b. Document DVBE participation on STD 840 (Side 1) and attach a copy of all applicable certifications.
- c. A DVBE bidder working in combination with other DVBEs shall be requested to submit proof of its commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. When requested, the written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the requested written agreement as specified may be grounds for bid rejection.

#### Method A2. Non-DVBE bidder:

- a. Commit to using certified DVBE(s) for at least 3% (unless otherwise specified) of the bid amount.
- b. When a bidder commits to less than the required 3% DVBE participation or its commitment may fall below 3% if specific line items/groups are not selected for award, then Option B, Good Faith Effort must be completed in addition to Option A, Commitment.
- c. Document DVBE participation on STD 840 (Side 1) and attach a copy of the DVBE's certification.
- d. Prior to contract award, a bidder is to submit proof of their commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. The awarding department contracting official named in this solicitation will contact each listed DVBE, by mail, fax or telephone, for verification of the bidder's submitted DVBE information. The written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the written agreement as specified may be grounds for bid rejection.

OPTION B – GOOD FAITH EFFORT (GFE) performance and documentation requirements <u>must be</u> completely satisfied prior to bid submission if you are unable to obtain and commit to the full DVBE participation percentage goal (Option A) and do not exercise Option C. Perform and document the following Steps 1 through 5 on both sides of the attached STD 840 form. <u>Failure to perform and document GFE Steps 1 through 5 as instructed, which includes properly completing and submitting both sides of STD 840, shall result in your bid being deemed non-responsive. Step 3, Advertisement, is required unless specifically waived for this solicitation due to time limits imposed by the awarding department.</u>

**Step 1 Awarding Department** - Contact the department's contracting official named in this solicitation to identify interested DVBEs. You must fully document this contact and describe the results on STD 840 (Side 2).

#### Step 2 Other State and Federal Agencies, and Local Organizations

- STATE Contact the Department of General Services, Procurement Division's (DGS-PD) Office of Small Business and DVBE Certification (OSDC) to obtain a list of certified DVBEs by telephone at (916) 322-5060 for the 24-hour automated telephone system or (916) 375-4940 for the receptionist during normal business hours. This information can also be obtained by searching the online database at <a href="http://www.pd.dgs.ca.gov/smbus">http://www.pd.dgs.ca.gov/smbus</a>. Begin by selecting Certified Firm Inquiry Services, then search by using either the <a href="Keyword Search">Keyword Search</a> or the <a href="Standard Query">Standard Query</a> options. You must fully document this contact and describe the results on STD 840 (Side 2).
- FEDERAL Search the U.S. Small Business Administration's (SBA) online database (Pro-Net) at <a href="http://www.pro-net.sba.gov">http://www.pro-net.sba.gov</a> to identify potential DVBEs. Select these minimum options in the following sequence: select <a href="Search Database">Search Database</a>; select <a href="CA">CA</a> under "State"; select <a href="Search Disabled Veteran">Service Disabled Veteran</a> under "Other Ownership Data"; and "Search Using These Criteria" at the page bottom. The database takes a few moments to query, and then your list will appear on your screen. You may select other criteria to focus your search. You must fully document this contact and describe the results on STD 840 (Side 2).
  - Local Contact at least one local DVBE organization to identify DVBEs. For a list of local DVBE organizations, please refer to the DVBE Resource Packet that may be accessed online (<a href="http://www.pd.dgs.ca.gov/smbus">http://www.pd.dgs.ca.gov/smbus</a> select "DVBE Resource Packet") or obtain a hardcopy by requesting it from DGS-PD Office of Small Business and DVBE Outreach and Education (see the Resources & Information page). You must fully document your contact with local DVBE organizations and describe the results on STD 840 (Side 2).
- **Step 3** Advertisements are mandatory unless waived by the awarding department.

CONTENT REQUIREMENTS: Include all of the following in your advertisement(s): (1) company name; (2) contact name; (3) address; (4) telephone and facsimile (if applicable) numbers; (5) e-mail address (if applicable); (6) the state's solicitation number(s); (7) goods and/or services for which the state is soliciting; (8) the location of the work to be performed; and (9) the State's bid(s) due date and/or your due date for receiving DVBE responses.

How Many & Where to Publish: Bidders must publish two (2) ads, one (1) each in a trade paper and a DVBE focus paper unless the paper is dual purpose (fulfilling both trade and focus requirements as defined in California Code of Regulations, Title 2, Section 1896.61(k)), in which case one (1) ad is acceptable. Please see the DVBE Resource Packet for a list of acceptable publications.

<u>WHEN</u>: Ads must be published after the solicitation's release date and at least 14 days prior to the bid due date, unless a different time period is expressly established in this solicitation.

**DOCUMENT & SUBMIT:** On STD 840 (Side 2), document the publication name(s) in which you published advertisement(s), the contact name and phone number, and date of publication. Include a copy(ies) of the advertisement(s) with your bid.

#### **Step 4** Invitations to Participate

<u>Wно</u>: Invite (solicit) DVBEs who can provide relevant goods and/or services to this solicitation to subcontract with you. Conducting Steps 1 through 3 produces a list of DVBEs from which you may choose potential DVBEs subcontractors/suppliers to contact. Bidders are advised to contact as many DVBEs (who provide relevant goods and/or services in the applicable location(s)) as possible. Non-California-certified DVBEs are not eligible -- please refer those DVBEs to the OSDC to learn about certification (see the Resources & Information page for contact information).

FOR WHAT: Solicit DVBEs for goods and/or services relevant to the state's solicitation. If you are unable to identify specific portion(s) of the proposed contract to subcontract, the state encourages bidders to avoid making a predetermination that no DVBEs are able to perform without first contacting and soliciting participation from them. This allows DVBEs to respond whether they can or cannot provide any goods or services related to the solicitation, and provides a bidder with responses for consideration.

How to Invite & Content Requirements: Written invitations are required. At a minimum, invitations must contain all of the following: (1) company name; (2) contact name; (3) address; (4) phone and facsimile (if applicable) numbers; (5) return e-mail address (if applicable); (6) the state's solicitation number; (7) goods and/or services for which the state is soliciting; (8) location of work; and (9) the State's bid(s) due date and/or your due date for receiving DVBE responses.

<u>WHEN:</u> Provide DVBE's with a reasonable time period to receive and respond to your invitation, and to be considered by you for participation as described in Step 5, prior to your bid submission.

**DOCUMENT & SUBMIT:** Bidders must document the completed contacts on STD 840 (Side 1), Section A. Attach additional copies of STD 840A as necessary to list your DVBE contacts. You are required to attach a copy of: (1) each invitation or offer sent by letter, fax or e-mail; and (2) confirmation of transmittal or delivery. Your bid shall be considered non-responsive if it fails to include copies of the written invitations and delivery confirmations.

Step 5 Consider all responding DVBEs for contract participation. Consideration must be based on business needs for the contract and the same evaluation criteria must be applied to each potential DVBE subcontractor/supplier offering the same goods and services. You must document on STD 840 (Side 1), Section A any firm(s) selected for participation; or if not selected, the reason for non-selection. Attach additional copies of STD 840A as necessary to list all of your DVBE contacts.

OPTION C – THE DVBE BUSINESS UTILIZATION PLAN (BUP) option permits bidders to submit an approved DVBE BUP to satisfy DVBE participation solicitation requirements up to 3%. DVBE BUPs apply only to solicitations for goods and information technology (IT) goods and services. DVBE BUPs are a company's commitment to expend a minimum of 3% of its total statewide contract dollars with DVBEs -- this percentage is based on all of its contracts in the State, not just those with the State. DVBE BUPs must be submitted to and approved by the DGS-PD prior to the bid due date. Please call the DGS-PD, Office of Small Business and DVBE Outreach and Education for assistance. Bidders choosing this option must properly complete and submit STD 840 (Side 1) and include a copy of its approval letter with the bid; failure to submit these documents shall render your bid non-responsive.

#### RESOURCES AND INFORMATION

For assistance in preparing a responsive participation document, contact the contracting official at the awarding department for this solicitation. In accordance with Public Contract Code Section 10115.2(b)(3), bidders must advertise in trade and focus publications unless the requirement is waived. The Department of General Services, Procurement Division (DGS-PD) publishes a list of trade and focus publications to assist bidders in meeting these contract requirements. To obtain this list, please contact the DGS-PD Office of Small Business and DVBE Outreach and Education and request the "DVBE Resource Packet."

Internet contact only – see instructions for website navigation PRONET Database: http://www.pro-net.sba.gov

FOR:

Service-Disabled Veteran-owned businesses in California

(Remember to verify each DVBE's California certification.)

Local Organizations (see the DVBE Resource Packet available from DGS-PD DVBE Program Section listed below)

FOR:

List of potential DVBE subcontractors

DGS-PD Office of Small Business and DVBE Certification (OSDC)

707 Third Street, Room 400, West Sacramento, CA 95605 Website: http://www.pd.dgs.ca.gov/smbus

24-hour automated information

& document requests: (916) 322-5060 (916) 375-4940

**Directory of Certified DVBEs Certification Applications Certification Information Certification Status, Concerns** 

Receptionist: (916) 375-4950 Fax:

#### DGS-PD Office of Small Business and DVBE Outreach and Education

707 Third Street, 2<sup>nd</sup> Floor, West Sacramento, CA 95605

Voice, 8 am—5 pm: (800) 559-5529 (916) 375-4597 Fax:

**DVBE Program Participation Requirements DVBE Program Info. and Statewide Policy** 

**DVBE Resource Packet** 

**DVBE Business Utilization Plan Small Business/DVBE Advocates** 

#### **Advertisement Format Example**

This example offers a suggested format that includes required information outlined in Option B, Good Faith You can substitute the applicable Effort, Step 3. information for the bolded, italicized words.

DVBEs are invited to participate as a potential subcontractor/supplier to perform a commercially useful function specific to DGS' IFB No. 12345 for fencing materials in Chowchilla. DVBE responses due to me 1/1/02; Bids due to the State 1/15/02.

Contact: ABC Company Jane Doe, General Manager 123 Main Street, Sacramento, CA 95814 voice: 555/555-5555: fax: 555/555-5556 or e-mail: jane.doe@abcco.com

#### **Commercially Useful Function Definition**

California Code of Regulations, Title 2, § 1896.61(I):

The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of Section 1896.61(f); is certified in accordance with Section 1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function. A DVBE contractor, subcontractor or supplier is considered performing a commercially useful function when it meets the following criteria:

- (1) The business concern is: responsible for the execution of a distinct element of the work of the contract; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions, and
- (2) The business concern is not further subcontracting a greater portion of the work than would be expected by normal industry practices.

# DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

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| F u c c c c c c c c c c c c c c c c c c | con<br>con<br>con<br>con<br>con<br>do<br>deli | For contract participation commitment, at least one DVBE must be listed. DVBEs must perform a commercially iseful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).  For Good Faith Effort (GFE), use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.  DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.) |  |  |   |   |   |            |  |
| FOR GOOD FAITH EFFORT                   |   |  | Address, C   | ods and/or Services  |   |   | E-mail (if available)  wing goods and/or services Estimated \$ and/or % \$ / % s reasons:           | s:<br>Tier |  |
| BOTH SECTIONS MUST BE COMPLETED FO      | או רבאסו                                      | Date Contacted   DVBE Company Name   |  |  | Telephone Number ( ) e th the listed DVBE to provi  |   | Estimated \$ and/or % \$ / %  | Tier       |  |

#### ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003)

B. Documentation of Good Faith Effort Steps 1, 2 and 3—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information and a sample advertisement format.
 STEP 1. Contact the Awarding Department (the contracting official, unless another contact is specified) to

| identify po                       | otential DV                        | BE subcontractors/            | suppliers, <b>and</b> ( | document t                 | his contact as required.                         | ' '                             |  |
|-----------------------------------|------------------------------------|-------------------------------|-------------------------|----------------------------|--|---------------------------------|--|
| Date                              | Conta                              | act Name                      |                         |                            |  | Telephone Number                |  |
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| Office)                           | ate Agency                         | / - Procurement Dr            | vision, Office of       | Small Busir                | ness and DVBE Certification                      | i (Certification                |  |
| PHONE                             | Date                               | Telephone Number              | Contact Name            |                            |  |                                 |  |
| CONTACT                           | - / / (916) 322-5060               |                               |                         | I contacted the Certificat |  |                                 |  |
| OR                                | — California certified DVRES       |                               |                         |                            |  | =S.<br>                         |  |
| ONLINE                            | linta manat A alahan an            |                               |                         |                            | ☐ I searched the Certification Office's online   |                                 |  |
| SEARCH                            | CH / / http://www.pd.dgs.ca.gov/si |                               |                         | us                         | database to identify California certified DVBEs. |                                 |  |
| Describe Re                       | esult                              |                               |                         |                            |  |                                 |  |
| Federal A                         | Agency - L                         | J.S. Small Business           | Administration          | n (SBA) onlin              | ne database                                      |                                 |  |
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| Describe R                        |                                    | g.                            |                         |                            |  |                                 |  |
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### ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003)

| Inis ( |                          |                       | continuation from Section                      | n A, STD 840 (REV. 9-         | 15-2003)                           |
|--------|--------------------------|-----------------------|--|-------------------------------|------------------------------------|
| Date ( | Contacted<br>/           | DVBE Company Na       | me   |                               |                                    |
| DVBE   | Contact Nam              | ne                    | Telephone Number                               | Fax Number                    | E-mail (if available)              |
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| Street | Address, City            | v, State and Zip Code | •  |                               |                                    |
|        | Yes, / \                 | will subcontract wit  | h the listed DVBE to provid                    | de the following goods a      | and/or services:                   |
|        | Specific Good            | ls and/or Services    |  |                               | Estimated \$ and/or % Tier \$ / %  |
| OR     | □ No la                  | m unable to subco     | ntract with the DVBE for th                    | e following husiness re       | <u> </u>                           |
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| Data   | Contacted                | DVDE Company No.      | ma   |                               |                                    |
| Date ( | Contacted<br>/           | DVBE Company Na       | me   |                               |                                    |
| DVBE   | Contact Nam              | ie                    | Telephone Number                               | Fax Number                    | E-mail (if available)              |
| Street | Address. City            | , State and Zip Code  | 2  |                               |                                    |
|        |                          | ,,                    |  |                               |                                    |
|        | Yes, / \                 | will subcontract wit  | h the listed DVBE to provid                    | de the following goods a      | and/or services:                   |
|        | Specific Good            | ls and/or Services    | , <u>,                                    </u> |                               | Estimated \$ and/or % Tier         |
|        | -                        |                       |  |                               | \$ / %                             |
| OR     | □ No La                  | m unable to subco     | ntract with the DVBE for th                    | e following business re       | asons <sup>.</sup>                 |
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| /      | 1                        |                       |  |                               |                                    |
| DVBE   | Contact Nam              | ie                    | Telephone Number ( )                           | Fax Number                    | E-mail (if available)              |
| Street | Address, City            | , State and Zip Code  |  | 1                             | -                                  |
|        |                          |                       |  |                               |                                    |
|        |                          |                       | h the listed DVBE to provid                    | de the following goods a      |                                    |
|        | Specific Good            | ds and/or Services    |  |                               | Estimated \$ and/or % Tier  \$ / % |
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| OR     | <u></u> <b>NO</b> , I a. | m unable to subcol    | ntract with the DVBE for th                    | e following business re       | asons:                             |
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| 1      | 1                        | ,                     |  |                               |                                    |
| DVBE   | Contact Nam              | ne                    | Telephone Number                               | Fax Number                    | E-mail (if available)              |
| Street | Address City             | , State and Zip Code  | ,  | )                             |                                    |
|        | riddiess, eity           | , otate and zip dode  |  |                               |                                    |
|        | Yes, I                   | will subcontract wit  | th the listed DVBE to provi                    | de the following goods        |                                    |
|        | Specific Goo             | ds and/or Services    |  |                               | Estimated \$ and/or % Tier         |
|        |                          |                       |  |                               | \$ / %                             |
| OR     |                          | m unable to subco     | ntract with the DVBE for th                    | e following business re       | asons:                             |
|        |                          |                       |  |                               |                                    |
|        |                          |                       |  |                               |                                    |

#### ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003) (REVERSE) Date Contacted **DVBE Company Name DVBE Contact Name** Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier % ORNo, I am unable to subcontract with the DVBE for the following business reasons: **Date Contacted DVBE Company Name** DVBE Contact Name Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier \$ % ORI **No**, I am unable to subcontract with the DVBE for the following business reasons: **Date Contacted DVBE Company Name DVBE Contact Name** Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier OR No. I am unable to subcontract with the DVBE for the following business reasons: Date Contacted **DVBE Company Name DVBE Contact Name** Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier % OR No, I am unable to subcontract with the DVBE for the following business reasons:

## **DVBE Program Requirements Supplier Checklist** (REV. 9-15-2003)

Please do not submit this checklist with your bid. It is provided for your use only. Checking every box of your elected compliance option does not guarantee that your bid will be evaluated compliant.

|   | OPTION A: COMMITMENT TO DVBE CONTRACT PARTICIPATION   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | STD 840 included with bid   |  |  |  |  |  |
|   | DVBE Written Agreement  |  |  |  |  |  |
|   | Designated the Commitment Option – Checked the first box  |  |  |  |  |  |
|   | Listed at least one California certified DVBE subcontractor   |  |  |  |  |  |
|   | Checked the box(es) for "Yes"   |  |  |  |  |  |
|   | Listed specific goods and/or services DVBE(s) agrees to provide   |  |  |  |  |  |
|   | Proposed DVBE contract performance is a "commercially useful function" relevant to the contract   |  |  |  |  |  |
|   | Listed the estimated dollar amount and/or percentage of contract for the DVBE's participation   |  |  |  |  |  |
|   | Proposed DVBE participation meets the 3% requirement (unless a different percentage is specified)   |  |  |  |  |  |
|   | Attached a copy of the DVBE's certification letter from the Department of General Services  |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | OPTION B: GOOD FAITH EFFORT (GFE)   |  |  |  |  |  |
|   | STD 840 included with bid   |  |  |  |  |  |
|   | Designated the GFE Option – Checked the second box  |  |  |  |  |  |
|   | (Step 4) Listed all DVBEs contacted and invited to perform on the proposed contract   |  |  |  |  |  |
|   | Confirmed that listed DVBEs are California certified  |  |  |  |  |  |
|   | Attached copies of the invitations sent to the listed DVBEs   |  |  |  |  |  |
|   | Invitations included the required contact information   |  |  |  |  |  |
|   | Attached copies of the delivery confirmations for invitations to DVBEs (e.g. mail receipts, fax confirmations, etc.)  |  |  |  |  |  |
|   | (Step 5) Checked the "No" boxes and listed the business reasons for non-selection of DVBEs contacted  |  |  |  |  |  |
|   | (Step 1) Contacted the Awarding Department and listed contact and results   |  |  |  |  |  |
|   | (Step 2) Contacted Other State agency (Office of Small Business and DVBE Certification) and listed the contact and results  |  |  |  |  |  |
|   | (Step 2) Searched the Federal Pro-net internet database and noted the results   |  |  |  |  |  |
|   | (Step 2) Contacted Local DVBE Organization(s) and listed the contact and results  |  |  |  |  |  |
|   | (Step 3) Advertised – IF NOT WAIVED   |  |  |  |  |  |
|   | Listed full information for the advertisement(s) and publication(s) [2 ads in one trade and in one DVBE focus publication; OR 1 ad in one dual-purpose publication] |  |  |  |  |  |
|   | Attached a copy of the advertisement(s)   |  |  |  |  |  |
|   | The advertisement(s) were published at least 14 days prior to the bid due date  |  |  |  |  |  |
|   | The advertisement(s) included my required contact information   |  |  |  |  |  |
| ш | The advertisement(s) included thy required contact information  |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Ш | OPTION C: BUSINESS UTILIZATION PLAN (BUP)   |  |  |  |  |  |
|   | Prior to the bid due date Submitted a BUP to DGS-PD and received approval   |  |  |  |  |  |
|   | STD 840 included with bid   |  |  |  |  |  |
|   | Designated the BUP Option – Checked the third box   |  |  |  |  |  |
|   | Attached a copy of the BUP Approval letter from DGS-PD  |  |  |  |  |  |